

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 08/06/01 through 08/17/01.
- b. The request was received on 08/09/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and letter requesting medical dispute resolution
 - b. HCFAs-1500
 - c. TWCC-62 forms
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: Response Untimely
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/10/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 09/12/02. The response from the insurance carrier was received in the Division on 09/26/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 10/25/02
"The check for \$204.70 was received and posted to the appropriate charges and dates of service. However, This [sic] did not allow payment in full for date of service 08/09/01 for CPT code 97110 billed at \$280.00. The audit dated 02/18/02 states we have billed a frequency that exceeds that which is typically provided on a single date of service. According to TWCC fee guidelines a HCP may bill up to four PROCEDURES (CPT codes) up to TWO-HOUR (units) per session."
2. Respondent: Response Untimely

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 08/06/02 through 08/17/01.

2. Per the provider's TWCC-60, the amount billed was \$344.70; the amount paid was \$0.08; the amount in dispute was \$344.62.
3. The provider's additional information received on 10/26/02 included a revised Table of Disputed Services which indicates the only date in dispute is 08/09/01 CPT code 97110. The provider's letter indicated reimbursement was made for the other dates of service in dispute. According to the provider's revised Table of Disputed Services, the amount billed was \$280.00; the amount paid was \$140.08; the amount in dispute equals \$139.92.
4. The EOB dated 02/18/02 denies the billed services with the exception code of "910-001 FREQUENCY EXCEEDS THAT WHICH IS TYPICALLY PROVIDED ON A SINGLE DATE OF SERVICE". The provider discusses a denial of "Preauthorization Not Obtained", but the EOB dated 09/14/02 has no denial code listed for DOS 08/09/01 CPT code 97110.
5. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/09/01	97110	\$280.00	\$140.08	910-001	\$35.00 per each 15 minute unit	Rule 133.307 (g) (3) (B); MFG MGR (I) (10) (a); CPT descriptor	<p>The provider did not exceed the two hour maximum amount of time allowed per session.</p> <p>No documentation for the DOS in dispute was found in the case file to support that the services were rendered as billed. Rule 133.307 (g) (3) (B) requires a copy of pertinent medical records or other documentation relevant to the fee dispute.</p> <p>No reimbursement is recommended.</p>
Totals		\$280.00	\$140.08				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 17th day of January 2003

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm